



Iowa Department of Public Health
Division of ADPER&EH
Bureau of **Radiological Health**
321 E. 12th Street
Des Moines, IA 50319-0075
(515) 281-0415

X-ray Facility Application

Instructions:

- 1) Complete the following application by typing your information into the fields and print the form.
Or you may print the application and handwrite the information.
Or you may complete the application online (if available for the program).
- 2) Please include all required copies of additional information requested.
- 3) Send the completed form and the nonrefundable fees indicated below in a **check or money order** made payable to:
Iowa Department of Public Health, Bureau of **Radiological Health**
Lucas State Office Building, 5th Floor
321 E 12th Street
Des Moines, IA 50319-0075

If you have any questions, please contact:

Charlene Craig at 515-281-0415; email: Charlene.craig@idph.iowa.gov

Section 1: Organization Information

Organization Name: _____

Email Address: _____

Physical Address:

Address1: _____

Address2: _____

Address3: _____

City: _____ State: _____ ZIP: _____ - _____ County: _____

Phone: Phone Type: _____ (____) _____ - _____ ext. _____

Organizational Representative: _____

Title: _____

Representative's Email Address: _____

Phone: (____) _____ - _____ ext. _____

Is your Physical Address the same as your Mailing Address?

☐ Yes (skip Mailing Address below) ☐ No (complete Mailing Address section below)

Mailing Address: Address1: _____

Address2: _____

Address3: _____

City: _____ State: _____ ZIP: _____ - _____ County: _____

Phone: Phone Type: _____ (____) _____ - _____ ext. _____

Is your Physical Address the same as your Billing Address?

☐ Yes (skip Billing Address below) ☐ No (complete Billing Address section below)

Is another person or entity providing payment? Is the name on the check different from the name of the organization?

☐ Yes (complete Billing Address below) ☐ No (skip Billing Address section below)

Name on Check: _____

Contact Name: _____

Title: _____

Email Address: _____

Billing Address: Address1: _____

Address2: _____

Address3: _____

City: _____ State: _____ ZIP: _____ - _____ County: _____

Phone: Phone Type: _____ (____) _____ - _____ ext. _____

Check #: _____ Does the check apply to more than one application? ☐ Yes ☐ No

The organization is documented as a/an: ☐ Sole Proprietorship

☐ Firm/Agency

Federal Tax Identification Number (EIN) (no dashes): _____

OR Social Security Number (SSN) for sole proprietors: _____

Privacy Act Notice: Disclosure of your Social Security number on this license application is required by 42 U.S.C. Section 666(a)(13) and Iowa Code Section 252J.8(1). The number will be used in connection with the collection of child support obligations and as an internal means to accurately identify licensees, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18.

Section 2: Program Information

See the guidance document and print off section 2.

Section 3: Affirmation for a Sole Proprietor

1) Do you have a medical condition, which in any way currently impairs or limits your ability to perform the duties of this profession? "Medical condition" means any physiological, mental, or psychological condition, impairment, or disorder, including drug addiction and alcoholism. <i>If yes, provide a description of your condition and submit a letter from a physician stating whether your condition will not affect your ability to perform the duties of this profession.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Have you, within the past 5 years, engaged in the illegal or improper use of drugs or other chemical substances? <i>If yes, provide a statement and a copy of relevant documentation including records from a physician or treatment program.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) Have you ever been convicted of, or entered a plea of no contest to a misdemeanor or felony crime? (Other than minor traffic violations with fines under \$250). You must answer "yes" even if the courts expunged the matter from your record. <i>If yes, include the date, location, charging orders, court disposition, and current status (i.e. probation) for each charge.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) Has any state or other jurisdiction of the United States or any other nation ever limited, restricted, warned, censured, placed on probation, suspended, revoked, or otherwise disciplined a professional license, permit, registration, or certification issued to you? <i>If yes, include the date, location, reason, and resolution.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5) Have there ever been judgments or settlements paid on your behalf as a result of a professional liability case? <i>If yes, include the date, location, reason, and resolution.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6) Have you ever had a license, permit, registration, or certification denied, suspended, revoked, or otherwise disciplined by a certification body? <i>If yes, provide a description of the circumstances.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby certify and declare under penalty of perjury that the information I provided in this document, including any attachments, is true and correct. I am responsible for the accuracy of the information provided regardless of who completes and submits the application. I understand that providing false and misleading information in or concerning my application may be cause for disciplinary action, denial, revocation, and/or criminal prosecution. I also understand that I am required to update answers or information submitted herewith if the response or the information changes.

In submitting this application, I consent to any reasonable inquiry that may be necessary to verify or clarify the information I provided on or in conjunction with this application.

I understand that this information is a public record in accordance with Iowa Code chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law.

I have read the Administrative Rules governing this profession and I agree to comply with those provisions.

Signature of Applicant

Date

Section 4: Affirmation for Firms and Agencies

1) Has any state or other jurisdiction of the United States or any other nation ever limited, restricted, warned, censured, placed on probation, suspended, revoked, or otherwise disciplined a professional license, permit, registration, or certification issued to you or the organization? <i>If yes, include the date, location, reason, and resolution.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Have there ever been judgments or settlements paid on your behalf or the organization's behalf as a result of a professional liability case? <i>If yes, include the date, location, reason, and resolution.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) Have you or the organization ever had a license, permit, registration, or certification denied, suspended, revoked, or otherwise disciplined by a certification body? <i>If yes, provide a description of the circumstances.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

I am authorized to complete this application on behalf of the organization.

As representative of the organization, I hereby certify and declare under penalty of perjury that the information I provided in this document, including any attachments, is true and correct. As said representative of the organization, I am responsible for the accuracy of the information provided regardless of who completes and submits the application. I understand that providing false and misleading information in or concerning this application may be cause for disciplinary action, denial, revocation, and/or criminal prosecution. I also understand that a representative of the organization is responsible to update information submitted herewith if the response or the information changes.

In submitting this application, the organization agrees to any reasonable inquiry that may be necessary to verify or clarify the information provided on or in conjunction with this application.

I understand this information is a public record in accordance with Iowa Code chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law.

I have read the Administrative Rules governing this license, permit, registration, or certification and will make employees aware as required and will comply with those provisions.

Signature of Organizational Representative and Title

Date

Printed Name of Organizational Representative